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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2012 or other tax year beginning _____, 2012, and ending _____, _____

2012

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) HARVEST FOUNDATION INC Number, street, and room or suite number If a P O box, see instructions 618 N. BURKHARDT ROAD City or town State ZIP code EVANSVILLE IN 47715	D Employer identification number (Employees' trust, see instructions) 35-1976771 E Unrelated business activity codes (see instructions) 531110
C Book value of all assets at end of year 283,109.	F Group exemption number (See instructions.) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity
▶ **CONDOMINIUM RENTAL**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If 'Yes,' enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ **PASTOR TROY BOULWARE** Telephone number ▶ **(812) 469-3455**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4 a		
b Net gain (loss) (Form 4797, Part II line 17) (attach Form 4797)	4 b		
c Capital loss deduction for trusts	4 c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6	21,200.	21,200.
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions, attach statement) INSURANCE REFUND	12	32,124.	32,124.
13 Total. Combine lines 3 through 12	13	53,324.	53,324.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (except for contributions, deductions must be directly connected with the unrelated business income)		(A) Income	(B) Expenses	(C) Net
14 Compensation of officers, directors, and trustees (Schedule K)	14			
15 Salaries and wages	15			
16 Repairs and maintenance	16		300.	
17 Bad debts	17			
18 Interest (attach statement)	18		30,306.	
19 Taxes and licenses	19		27,112.	
20 Charitable contributions (See instructions for limitation rules)	20			
21 Depreciation (attach Form 4562)	21		0.	
22 Less depreciation claimed on schedule A and elsewhere on return	22 a			0.
23 Depletion	23			
24 Contributions to deferred compensation plans	24			
25 Employee benefit programs	25			
26 Excess exempt expenses (Schedule I)	26			
27 Excess readership costs (Schedule J)	27			
28 Other deductions (attach statement) See Other Deductions Statement	28		212,931.	
29 Total deductions. Add lines 14 through 28	29		270,649.	
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30		-217,325.	
31 Net operating loss deduction (limited to the amount on line 30)	31			
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-217,325.	
33 Specific deduction for general limitation, but see line 33 instructions for exceptions)	33			
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-217,325.	

SCANNED APR 25 2013

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Part III Tax Computation

35 Organizations Taxable as Corporations. (see instructions for tax computation)
 Controlled group members (sections 1561 and 1563) check here See instructions and:
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)
 (1) \$ _____ (2) \$ _____ (3) \$ _____
 b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
 c Income tax on the amount on line 34 **35 c** 0.
36 Trusts taxable at trust rates. (see instructions for tax computation) Income tax on the amount on line 34 from Tax rate schedule or Schedule D (Form 1041) **36**
37 Proxy tax. (see instructions) **37**
38 Alternative minimum tax **38**
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) **40 a**
b Other credits (see instructions) **40 b**
c General business credit. Attach Form 3800 (see instructions) **40 c**
d Credit for prior year minimum tax (attach Form 8801 or 8827) **40 d**
e Total credits. Add lines 40a through 40d **40 e**
41 Subtract line 40e from line 39 **41** 0.
42 Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866
 Other (attach statement) **42**
43 Total tax. Add lines 41 and 42 **43** 0.
44 a Payments: A 2011 overpayment credited to 2012 **44 a**
b 2012 estimated tax payments **44 b**
c Tax deposited with Form 8863 **44 c**
d Foreign organizations: Tax paid or withheld at source (see instructions) **44 d**
e Backup withholding (see instructions) **44 e**
f Credit for small employer health insurance premiums (Attach Form 8941) **44 f**
g Other credits and payment: Form 2439 Form 4136 Other _____ Total **44 g**
45 Total payments. Add lines 44a through 44g **45**
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.
49 Enter the amount of line 48 you want: **Credited to 2013 estimated tax** **Refunded** **49**

Part V Statement Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes', the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes', enter the name of the foreign country here _____ **Yes** **No**
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes', see instructions for other forms the organization may have to file _____ **Yes** **No**
3 Enter the amount of tax-exempt interest received or accrued during the tax year: \$ _____ **Yes** **No**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year **1**
2 Purchases **2**
3 Cost of labor **3**
4 a Additional section 263A costs (attach statement) **4 a**
b Other costs (attach statement) **4 b**
5 Total. Add lines 1 through 4b **5**
6 Inventory at end of year **6**
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 **7**
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes** **No**

Sign Here
 Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
 Signature: *John Kamman* Date: *4-9-13* Title: *President*
 May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only
 Print/Type preparer's name: *JOHN C KAMMAN EA* Preparer's signature: *John Kamman EA* Date: *03/28/13* Check if self-employed PTIN: *P00108783*
 Firm's name: *BOOKKEEPING & MORE, INC.* Firm's EIN: *35-2001643*
 Firm's address: *2120 N CULLEN AVE*
EVANSVILLE IN 47715 Phone no: *(812) 473-3585*

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1) RIVERVIEW TOWNHOME CONDOMINIUMS		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	21,200.	
(2)		
(3)		
(4)		
Total	Total 21,200.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 21,200.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach stmt)	(b) Other deductions (attach statement)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5 Average adjusted basis of or allocable to debt-financed property (attach statement)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				
Total dividends-received deductions included in column 8				

Schedule F – Interest, Dividends, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organization		7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)	
Totals						

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A)	Enter here and on page 1, Part I, line 10, column (B)				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
			\$
			\$
			\$
			\$
Total. Enter here and on page 1, Part II, line 14			\$

**Depreciation and Amortization
(Including Information on Listed Property)**

2012

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No **179**

Name(s) shown on return

Identifying number

HARVEST FOUNDATION INC

35-1976771

Business or activity to which this form relates

Form 990-T page 1

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part I or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 169(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	0.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from lines 12, 13, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. Enter here and on Form 990-T, line 12, the appropriate amount from the appropriate line. Partnerships and S corporations - see instructions	22	0.
23	For assets shown above as placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Do not use for automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24 a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24 b If 'Yes,' is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance used more than once in a quarter	for qualified listed property placed in service during the tax year and used in a qualified business use (see instructions)							25
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.								28
29 Add amounts in column (i), lines 25 through 27. Enter here and on line 7, page 1.								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32.												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle primarily used by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees for vehicles used by corporate officers, directors, or 1% or more owners?		
39 Do you treat the use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and provide the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization for costs that begin during your 2012 tax year (see instructions):					
43 Amortization for costs that begin before your 2012 tax year:					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44

Name HARVEST FOUNDATION INC Employer Identification Number 35-1976771

Lender Information

Loan Payable Type _____
Lender Name HARVEST HOLDING LLC Lenders Title _____
Check Box, if Lender is a Business
Relationship of Lender _____ Borrower's Security _____
Purchase Terms _____ Repayment Terms _____
Purpose of Loan _____ Description of Consideration _____
Original Amount 281,927. Beginning Year Balance 281,927. Year End Balance 281,927.

FMV of Consideration _____ Date of Note _____
Maturity Date _____ Interest Rate _____
Loan Payable Type _____
Lender Name _____ Lenders Title _____

Check Box, if Lender is a Business
Relationship of Lender _____ Borrower's Security _____
Purchase Terms _____ Repayment Terms _____
Purpose of Loan _____ Description of Consideration _____
Original Amount _____ Beginning Year Balance _____ Year End Balance _____

FMV of Consideration _____ Date of Note _____
Maturity Date _____ Interest Rate _____
Loan Payable Type _____
Lender Name _____ Lenders Title _____

Check Box, if Lender is a Business
Relationship of Lender _____ Borrower's Security _____
Purchase Terms _____ Repayment Terms _____
Purpose of Loan _____ Description of Consideration _____
Original Amount _____ Beginning Year Balance _____ Year End Balance _____

FMV of Consideration _____ Date of Note _____
Maturity Date _____ Interest Rate _____
Loan Payable Type _____
Lender Name _____ Lenders Title _____

Check Box, if Lender is a Business
Relationship of Lender _____ Borrower's Security _____
Purchase Terms _____ Repayment Terms _____
Purpose of Loan _____ Description of Consideration _____
Original Amount _____ Beginning Year Balance _____ Year End Balance _____

FMV of Consideration _____ Date of Note _____
Maturity Date _____ Interest Rate _____

Form 990-PF, Page 1, Part I, Line 23

Line 23 - Other

Other expenses	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
CREDIT CARD FEES	418.			
GIFTS	3,435.			
WEB SITE EXPENSES	210.			
MEALS	1,832.			
OFFICE	771.			
UTILITIES	296.			
MISCELLANEOUS	235.			
Total	7,197.			

Form 990-PF, Page 2, Part III, Line 5

Other Increases Stmt

UNRECORDED TAXABLE INCOME - LOSS	217,326.
Total	217,326.

Form 990-PF, Page 1, Part II, Line 28

Other Deductions Statement

INSURANCE	2,018.
DISPOSED ASSETS	210,913.
Total	212,931.

Form 990-PF, Page 2, Part II, Line 11

L-11

(a) - Description of Investments Real Estate, Buildings and Equipment	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
618 HARVARD RD	281,927.	0.	281,927.
Total	281,927.	0.	281,927.

Form 990-PF, Page 2, Part II, Line 22

Other Liabilities Stmt

Line 22 - Other Liabilities:	Beginning Year Book Value	Ending Year Book Value
CREDIT CARDS PAYABLE	0.	3,195.
Total	0.	3,195.

Supporting Statement of:

Form 990-T, p1/Line 18

Description	Amount
FIRST NATIONAL BANK MORTGAGE	30,306.
Total	<u>30,306.</u>